

MDR Tracking Number: M4-03-5897-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97139-PH.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-15-02	97139PH	\$98.00	\$20.25	F	DOP	Rule 133.307(g)(3)(D)	The requestor did not support amount billed was fair and reasonable; therefore, additional reimbursement is not recommended.
5-17-02	97139PH	\$100.00	\$0.00	T	DOP	Rule 133.307(g)(3)(D)	HB-2600 abolished the treatment guidelines effective 1-1-02; therefore, insurance carrier inappropriately denied based upon "T". The insurance carrier also denied reimbursement based upon, "The charge exceeds the scheduled value and/or parameters that would appear reasonable." The requestor did not support amount billed was fair and reasonable; therefore, additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (97139PH).

The above Findings and Decision are hereby issued this 30th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division